

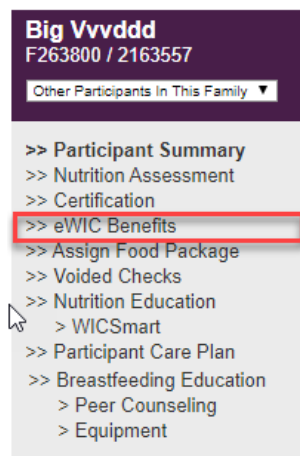


eWIC Card Assignment and Signature

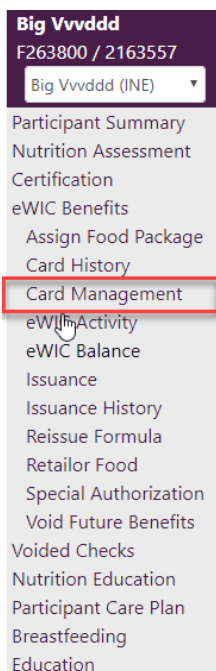
Benefits reside in WISPr and NOT on the card.

One card (or two with a second cardholder) will be issued to each family for redemption of all their family's benefits.

1. Go to the Participant page in WISPr
2. Expand eWIC benefits in the left navigation pane



3. Click: Card Management



4. Click: Issue Card

Family Information: F263800		eWIC ID: 10320		Clinic: 301
Member:	DOB:	Phone:	Address:	
RA - Big Vvdddd	01/01/1980		1569 Size Lane Caldwell, ID 83607	
AS - Little Vvdddd	01/01/1980		1569 Size Lane Caldwell, ID 83607	
	Migrant:	Foster Family:	Homeless:	
	N	N	N	

Card Management



5. The following screen will display with the RA's name in Card Holder box (if there is a second cardholder, their name will display when process is repeated)

Issue Card

Card Number*

Card Holder*

Little Vvdddd

Status

New 12/10/2019

SAVE CANCEL

6. Swipe card through card reader or type card number in the box

Issue Card

Card Number*

6107239300003400

Card Holder*

Little Vvdddd

Status

New 12/10/2019

SAVE CANCEL

- Click: Save (to assign a card for this family) or Cancel (to return to the Card Management page without assigning a card).

Issue Card

Card Number*

6107239300003400

Card Holder*

Little Vvddd

Status

New 12/10/2019

SAVE **CANCEL**

- After card has been assigned, have cardholder sign for the card. (See following steps.)

Electronic Signature:

- On the Card Management screen, click on the Edit icon in the Action column for the cardholder.

Card Management

ISSUE CARD

Card Holder	Card Number	Issued	Status	Action
Little Vvddd	6107-2393-0000-0836	12/10/2019	Active	
Big Vvddd	6107-2393-0000-0679	08/30/2019	Active	

- Click: Electronic

Edit Card

Card Number

6107239300000836

Card Holder Name

Little Vvddd

Status

Active

Deactivation Reason*

SAVE **CANCEL**

Signature for Card(s)

By signing below, I acknowledge that I have received the Card listed.

☐ Manual ☒ Electronic

Clients:

3. Click: Sign

Signature for Card(s)

By signing below, I acknowledge that I have received the Card listed.

☐ Manual ☒ Electronic

Clients:

SIGN **CLEAR** **SAVE**

4. Have cardholder sign on the signature pad. Click: save. Signature will display in WISPr.

Signature for Card(s)

By signing below, I acknowledge that I have received the Card listed.

☐ Manual ☒ Electronic

Clients:

SIGN **CLEAR** **SAVE**

Manual (Paper Copy) Signature:

1. Check box for manual signature. Print Signature Form and have cardholder sign.

Edit Card

Card Number

6107239300003087

Card Holder Name

Janna Abracadab

Status

Active New 02/15/2019

Deactivation Reason*

SAVE

CANCEL

Signature for Card(s)

By signing below, I acknowledge that I have received the Card listed.

☒ Manual ☐ Electronic

Clients:

2154933

Abracadab, Lizzie

2154946

Abracadab, Grace

2154935

Abracadab, Karl

2154932

Abracadab, Janna

SAVE

PRINT SIGNATURE FORM

No Signature Pad Detected

Repeat Assign and Signature process for second cardholder.



IDAHO DEPARTMENT OF
HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH



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